



NCSACW Program of In-Depth Technical Assistance

The National Center on Substance Abuse and Child Welfare (NCSACW) began implementation of its program of In-Depth Technical Assistance (TA) in July of 2003. After a national solicitation to states, territories and tribes, NCSACW selected four states—Colorado, Florida, Michigan and Virginia—to participate in its first round of the TA program. In addition, the state of Connecticut will participate as both a mentor state and a recipient of targeted TA services.

A major goal of NCSACW is to assist federal, state, local agencies and Tribes in developing the cross-system partnerships, practice changes, and systems supports needed to improve outcomes for families in the child welfare system that are affected by substance use disorders. To accomplish this goal, each state is assigned an expert Consultant Liaison who works with state and local cross-systems teams to facilitate the development and implementation of a strategic work plan that is tailored to the needs of each state. This consultant plays a key role in identifying and securing additional TA resources as needed.

Each state also has a judicial expert available to assist in developing collaborative processes with the courts. While exercising judicial independence in individual cases is necessary, collaborative work with courts is critical in meeting the intent of the Adoption and Safe Families Act. The In-Depth TA program works with the courts to better address the issues in both the legal and social context of the state's policies. Judge Nicolette Pach (ret.) serves as the NCSACW Consultant on judiciary and court processes.

During August and September, NCSACW convened two-day meetings with each of the states' cross-system teams. Following the on-site visit, each state completed a strategic plan outlining the goals, objectives and products that will be produced through this initiative. NCSACW staff will identify the progress and barriers identified in each site in an effort to distill and disseminate the lessons learned from the program.

The following is a brief description of the strategic plans developed by the state teams and background information on each Consultant Liaison assigned to the states. The table on the subsequent pages highlights key aspects of the products each state will complete.

Colorado

Colorado's goal is to develop a protocol for screening, assessing, engaging, and retaining families who are involved with the child welfare, TANF and court systems. The protocol will be incorporated into a Memorandum of Understanding to guide program implementation. The project is managed by a Steering Committee which includes staff representing child welfare, substance abuse prevention and treatment, courts, attorneys, counties, mental health, and Native Americans. Key activities underway include:

1. Developing a survey of staff from throughout the state to identify their priorities
2. Planning a series of focus groups, regional meetings, and teleconferences to discuss core elements of the protocol with staff from each system that will be affected by the protocol
3. Marketing the project to secure broad commitment and to identify up to five counties to pilot the protocol
4. Conducting a needs assessment to identify the extent to which families are involved with more than one of the three systems to inform the development of the screening, assessment, engagement, and retention protocol

Mary Nakashian, M.A., Consultant Liaison

Mary Nakashian is working with the state of Colorado. She is an independent consultant specializing in public policy, program development, training, and technical assistance with particular expertise in policies regarding substance abuse and welfare reform. Mary spent 14 years at the Connecticut Department of Income Maintenance, in positions ranging from intake worker through Deputy Commissioner for Programs and Policy. She also spent four years as Executive Deputy Commissioner in New York City's Human Resource Administration. More recently she served for five years as Vice President and Director of Program Demonstration at The National Center on Addiction and Substance Abuse at Columbia University (CASA) where she designed, secured funds for, and directed national multi-site research and demonstration projects aimed at preventing or reducing substance abuse.

Florida

Florida's project is managed by a Statewide Steering Committee with broad representation of child welfare, substance abuse prevention and treatment, dependency courts, Medicaid, mental health and domestic violence. The committee includes staff of state and district administrations as well as local community-based service providers. Key products to be developed include:

1. A State interagency agreement
2. A model for district partnership agreements
3. Protocols for screening, assessment, engagement and retention
4. A model of collaborative casework
5. A Florida Tool Kit for improved collaboration
6. A Statewide training plan
7. Communication and confidentiality guidelines
8. Recommendations for model prevention programs

An added feature of Florida's plan is their designation of the Daytona Beach District as a pilot site to implement these products. The District has developed a Local Implementation Team which will initiate development of some of the products and pilot the implementation of others.

Joe Anna Sullivan, Consultant Liaison and Project Manager, NCSACW Program of In-Depth TA

Joe Anna Sullivan is working with the state of Florida. She has over 22 years of experience working on issues related to substance abuse and child welfare, both as a treatment provider and a state policy maker and administrator in the child welfare and substance abuse fields. In the State of Illinois she served as Deputy Director of the Illinois Department of Children and Family Services (DCFS); Project Manager for the DCFS IV-E Wavier program; and as Regional Manager for Cook County (Chicago) for the Illinois Department of Alcoholism and Substance Abuse, where she provided oversight to all publicly funded programs. In addition, Ms. Sullivan served as the Executive Director of a community-based substance abuse prevention and treatment program for eight years.

Michigan

Michigan began to address the need for collaboration between child welfare, substance abuse, and the courts in 1999. The Substance Abuse/Child Welfare State Team (State Team), established in March of 2000, includes members from the Family Independence Agency (child welfare), the Department of Community Health Office of Drug Control Policy, the State Court Administrative Office and other public and private non-profit agency stakeholders. The key products the State Team plans to achieve through this program are:

1. Marketing materials to educate key stakeholders about the importance of this collaborative effort and to obtain buy-in from state and local officials, providers, and other community stakeholders
2. Developing and disseminating a Michigan-specific communication protocol to assist local communities in addressing collaboration issues between substance abuse, child welfare, and judicial system partners
3. Creating and disseminating a Michigan-specific protocol for screening, assessment, engagement and retention
4. Developing and disseminating a Michigan-specific guide for family drug treatment courts which includes a continuum of approaches from low-cost and no-cost to comprehensive strategies
5. Devising a plan to identify, leverage, and maximize funding from multiple sources
6. Providing training and TA to enhance collaboration among child welfare agencies, substance abuse treatment and prevention agencies, the judicial system, and other community stakeholders
7. Designing and implementing a project evaluation plan.

Elizabeth M. Breshears, M.S.W., L.C.S.W., M.Ed., Consultant Liaison

Elizabeth Breshears is working with the state of Michigan. She is a human services consultant with over 25 years of experience in a variety of public and private social service positions. She spent 15 years with the State of Nevada, most recently as the Family Programs Officer for the Division of Child and Family Services. Her previous positions in Nevada included Administrator of the Rehabilitation Division and Chief of the Bureau of Alcohol and Drug Abuse. She was recruited to develop Nevada's Mental Health Plan and create the statewide Mental Health Planning Advisory Council. From 1972 through 1979 she worked for the State of Oklahoma as Director of the State-Wide Family Planning Program and State Training Manager for Maternal and Child Health. In the private sector, she served as Executive Director of Tahoe Human Services, Inc. and Executive Director of Planned Parenthood of Greater Miami.

Virginia

The Commonwealth of Virginia has 135 local political entities and operates its social and human services programs in a state-supervised, locally administered model. Although collaboration has occurred at the state and local level, many of Virginia's efforts need to be institutionalized through formal agreements among child welfare, substance abuse, and court services. The state believes that providing leadership in systems integration requires the development of a model for multi-system coordination that local systems can adapt to their communities.

Virginia's goals for this program were identified and developed by both state and local county representatives. The goals of this program include:

1. Create the necessary statewide infrastructure to accommodate improved coordination of systems, drawing on the strengths of local communities and facilitating the development of local leadership teams able to implement interagency collaboration across systems
2. Achieve safe and timely permanency and well-being for children and their families, with a particular focus on families' substance use recovery, by comprehensively addressing the needs of all family members

The key activities are to:

1. Draft a "practice-oriented" Memorandum of Understanding at the state level between Virginia's Department of Social Services, the Office of the Executive Secretary of the Supreme Court of Virginia (their court's administrative office) and Virginia's Department of Mental Health, Mental Retardation, and Substance Abuse Services that can serve as a model for localities to adapt.
2. Develop a coordinated, systemic interagency strategic plan (based on an accurate assessment of Virginia's current system) that addresses the developmental, cognitive, psychological and health care needs of the target population. The plan will address family recovery and child safety, permanency and well-being in accordance with ASFA requirements. The multi-system strategic plan will be organized in developmental phases spanning a three to five year timeframe.

Kari Demetras, M.Ed, L.A.D.C., Consultant Liaison

Kari Demetras is working with the state of Virginia. She has over 18 years of clinical and management experience in both public and private human service provider systems. Presently, Kari provides consulting services both locally and nationally to regional and state government entities, human service providers and coalitions. Her expertise lies in strategic planning, evaluation, business planning and meeting facilitation to improve the infrastructure, capacity and long-term sustainability of organizations. Prior to becoming an independent consultant, Kari served as the Chief Executive Officer at a private, nonprofit organization specializing in the comprehensive, holistic treatment of chemically dependent women and their families. She also served as the first Perinatal Substance Abuse Prevention Coordinator for the State of Nevada and has expertise in facilitating and coordinating consensus-based decision making processes with multiple organizations.

Judicial Expert to Each State

Judge Nicolette M. Pach (ret.)

Judge Nicolette M. Pach (ret.) is a consultant to NCSACW and provides TA to jurisdictions grappling with the difficult issues of collaboration with the courts. She is also serving as the primary contact for the State of Connecticut's TA program. Formerly, she developed, implemented and presided over New York State's first Family Treatment Court. In addition to her duties with NCSACW, she is a Judicial Fellow with the National Drug Court Institute and is familiar with the literature in the field, training opportunities, other available resources, as well as the operation of problem solving (or therapeutic) courts.

**NCSACW PROGRAM OF IN-DEPTH TECHNICAL ASSISTANCE
MATRIX OF STATE WORKPLAN HIGHLIGHTS**

Elements of Collaboration	Colorado	Florida	Michigan	Virginia
<i>Values & Principles of Collaborative Relationships</i>	<p>Develop and execute an MOU signed by state agency directors. MOU will contain a newly developed protocol to help staff from child welfare, substance abuse, and the courts identify substance abuse and weigh its significance in determining whether children are safe and in making permanency decisions. The process of developing the protocol will be highly collaborative and based on discussions regarding principles and values</p> <p>In advance of the MOU, leadership from all three systems will sign approval of a Project Overview document which will summarize this collaborative, cross-system project and the plan of work. This document will be used to communicate leadership's commitment to the project and the implementation of its products. It will also serve as a marketing tool to generate interest and discussion throughout the state.</p>	<p>A state-level MOU between child welfare and substance abuse state departments was begun a couple of years ago, but had not been finalized. Will review and revise to include family court system and any changes in Florida policy, practice and legislation.</p> <p>Will execute and disseminate a state-level MOU signed by leadership of courts, child welfare and substance abuse to signal field of state-level commitment to collaboration and the development of tools, protocols, and policies (see Florida Tool Kit under training) and to lay groundwork for requiring each Florida district to adapt and implement a similar one.</p> <p>One district has been selected to adapt the MOU to local practice and implement it. Based on feedback from this pilot district, the state will create a template of its core MOU requirements for all districts.</p>	<p>Michigan's Interagency Task Force adopted priority outcomes in 2000. Collaborative principles and goals have been established. Michigan has experienced changes in leadership in the executive and judicial branches and in department leadership and organization. Will now seek endorsement and support of new state level leadership</p> <p>Will develop communication materials to market collaborative project to county stakeholders and obtain local support and commitment from policy makers and stakeholders at the regional and county levels, including Coordinating Agencies and service providers.</p>	<p>Develop a strategic plan and draft a practice-oriented MOU at the state level between child welfare, substance abuse and the courts. Will contain statement of commitment to work together to develop and improve state and local infrastructures to support collaboration at the local level, methods of collaborative training and communication, methods to inform judicial decision making, best practice protocols across disciplines including therapeutic courts, identification of mutual data and information needs across systems, a model protocol for use by local agencies to facilitate cooperation and replicate the statewide model.</p> <p>In advance of the MOU, will seek leadership signed approval of a Project Overview to market the project throughout the state.</p>

**NCSACW PROGRAM OF IN-DEPTH TECHNICAL ASSISTANCE
MATRIX OF STATE WORKPLAN HIGHLIGHTS**

Elements of Collaboration	Colorado	Florida	Michigan	Virginia
<i>Daily Practice: Screening, Assessment, Client Engagement and Retention In Care</i>	<p>Prepare and release a unified survey to all child welfare and TANF staff, all substance abuse treatment providers and managed service organizations, all judges, magistrates, and court facilitators regarding elements that are most important to their daily practice.</p> <p>Develop and produce the core elements of a screening, assessment, engagement and retention protocol.</p> <p>Using survey results, data from the NCSACW and other material, present core elements and feedback in a series of focus groups, regional meetings, and teleconferences.</p>	<p>Develop and produce multidisciplinary, cross system standards for screening and assessment. Screening and assessment are to be viewed as ongoing functions as different interventions are employed and family needs change.</p> <p>Will also develop a Model of Preferred Practice for Collaborative Casework expected to integrate practice principles from the respective fields and to influence statewide child casework.</p>	<p>Develop and disseminate a Michigan-specific protocol for screening, assessment, engagement and retention. The protocol, which will include policies and procedures, is necessary for local communities to enhance collaborative service delivery. It is intended to address the difficulty in accessing drug treatment services as identified in the Child and Family Services Review.</p> <p>Will also develop a detailed implementation plan to introduce the protocol to the field and address training strategies.</p>	<p>Develop a service delivery plan that identifies current resources and gaps in service, improves access and availability of substance abuse treatment services for the target population, identifies best practice models, addresses barriers to access and utilization, and creates opportunities to improve recruitment and retention of families in care and ensure that substance use is routinely screened for by CSW staff and child safety is routinely screened for by SA staff.</p>
<i>Daily Practice: Services to Children of Substance Abusers</i>	<p>Through the survey, focus groups, regional meetings, and teleconferences, assess current strengths and needs of staff in screening and serving children of substance abusers.</p> <p>Inventory other initiatives already underway and pursue collaborative relationships with them (such as the Systems of Care and others underway) to incorporate those initiatives in the protocol wherever possible.</p>	<p>Florida will develop a Model of Preferred Practice for Collaborative Casework that will address children's service needs as well as those of the family. Will include guidelines for the Family Intervention Specialists who provide special case management and supports to the system overlap families having the most difficulty.</p> <p>The model will provide guidelines and decision trees to inform reasonable efforts for case planning, concurrent planning, expedited TPR or reunification.</p>		<p>Service delivery plan and best practice protocols will be based on providing family-focused, holistic services and address service integration strategies that improve systems' ability to work together on behalf of families and provide the incentives for localities to adopt them.</p>

**NCSACW PROGRAM OF IN-DEPTH TECHNICAL ASSISTANCE
MATRIX OF STATE WORKPLAN HIGHLIGHTS**

Elements of Collaboration	Colorado	Florida	Michigan	Virginia
<i>Joint Accountability and Shared Outcomes</i>	It is anticipated that the protocol will include standards for measuring outcomes and will specify vehicles for assuring individual and shared accountability. It will also address standards for individual and joint training.	Although Florida has already developed joint outcome goals between its child welfare and substance abuse fields, it has a limited capability for automated data collection. The evaluation plan (see below) will delineate the ideal outcome measures and explore current and possibly new means of routinely collecting data on shared outcomes.	Develop and implement an ongoing evaluation plan to conduct a formative evaluation (aimed at program improvement) and a summative evaluation (assessing the merit or worth) of the SA/CW collaborative project. Using process and outcome measures and existing databases, the State Team will obtain feedback from stakeholders, seek to assess effectiveness of the project, and determine what works.	Develop an implementation plan for prompt and successful statewide application of the strategic plan with measurable outcomes.
<i>Information Sharing and Data Systems</i>	<p>Although child welfare, substance abuse and dependency court each has systems that track a variety of processes and outcomes, these systems are not linked and little is known about the how and the extent to which families cross these systems.</p> <p>Working with existing sources of data, Colorado will locate and analyze data to better identify and quantify the number of families who are involved in any one, two, or three of the service systems. A briefing paper of aggregate findings will be prepared and released.</p>	<p>Publish guidelines on how to communicate within and between child welfare, substance abuse and mental health practice areas. Develop standard protocol, training materials, and strategies for dissemination.</p> <p>Products will include quick reference guides, checklists, web-based training materials and other performance improvement supports on the Internet via the states "MyFlorida.com" website.</p>	<p>Develop and disseminate a communication protocol between substance abuse, child welfare, and judicial system partners that addresses families and children at different points on the continuum from substance abuse screening and assessment to treatment monitoring.</p> <p>Determine baselines via existing child welfare data sets, existing SA data sets, existing judicial system data sets, and baselines available in the tribal and urban Indian communities</p>	Design and implement a statewide communication structure that accommodates improved flow of information between and among local systems and state agencies.

**NCSACW PROGRAM OF IN-DEPTH TECHNICAL ASSISTANCE
MATRIX OF STATE WORKPLAN HIGHLIGHTS**

Elements of Collaboration	Colorado	Florida	Michigan	Virginia
<i>Budget & Program Sustainability</i>		<p>Conduct a study of current funding streams, explore local and state opportunities for funding strategies to maximize and leverage funding to support collaborative efforts such as expanded funding for cross training, production of materials in the Florida Tool Kit, and increasing the number of Family Intervention Specialists. FL is also seeking to find ways to sustain current dependency drug treatment courts.</p> <p>Will examine cost components of model prevention programs and develop strategies to implement and/or sustain those programs proven to be effective.</p>	<p>Develop funding map of resources to substance abuse and child welfare programs at the state and local level and develop a TA plan to address those issues. Will publish a state-level guide for conducting resource mapping to inventory core services available for children and families who have entered or are at high risk of entering the child welfare system.</p> <p>Results of resource mapping are to be used to assess and pursue funding maximization, including leveraging current funding sources and accessing untapped and new revenue streams. Develop contracting mechanisms for implementation.</p>	<p>A funding and sustainability plan that identifies new resources, maximizes revenues and ensures coordinated use of current funds (Medicaid, TANF, SAPT Block Grant, Title IV-E, Quality Child Care Initiative Funds among others) and includes resources for therapeutic court programs and services.</p>
<i>Training & Staff Development</i>	<p>Develop a plan of implementation to prepare county and state staff to implement the protocol incorporated in the MOU. This plan will include a strategy for introducing and implementing the protocol in up to five counties and lay groundwork for eventual statewide implementation.</p>	<p>Develop statewide training recommendations based on a full complement of training needs that all system stakeholders share. Training is to be integrated and on-going to address training gaps due to staff turnover. A needs assessment tool will be developed and used statewide. It will be supplemented by a content and gap analysis of identified materials and desired training. Implementation plans are to be developed and implemented.</p>	<p>Develop and conduct statewide semi-annual TA days on key topics for this collaborative project for representatives from the child welfare, substance abuse and judicial systems from Michigan communities.</p> <p>Design and conduct state-wide conference on improving client engagement and retention in substance abuse treatment.</p>	<p>Create professional development plan that evaluates existing training effectiveness, addresses pre-service education, in-service training and post-graduate training, and identifies and uses the multiple disciplines' training resources (e.g. State Bar CLE, ATTC, VCU/VISSTA and CEUs, CMEs).</p> <p>Develop strategies to help communities adapt best practice models.</p>

**NCSACW PROGRAM OF IN-DEPTH TECHNICAL ASSISTANCE
MATRIX OF STATE WORKPLAN HIGHLIGHTS**

Elements of Collaboration	Colorado	Florida	Michigan	Virginia
		A Florida Tool Kit will be developed which will provide a structured process for introducing new practice and community collaboration products.		
<i>Working with Related Agencies</i>	Both the Protocol and the MOU will demonstrate and specify working relationships among the agencies.	<p>Will be addressed in the new Model of Preferred Practice for Collaborative Casework.</p> <p>Additionally, will research and review prevention programs across the nation and within the state to identify exemplary, evidence-based substance abuse and child abuse/neglect prevention programs shown to be effective with child welfare at-risk families. Will provide regional reports to the districts and encourage adoption and funding of these programs.</p>	Develop and conduct three community forums to facilitate community development of collaborative systems.	Develop a practice-oriented MOU at the state level between child welfare, substance abuse and the courts that can serve as a model for collaboration among service providers and line workers at the regional/local level. Will define methods of collaborative training and communication, methods to inform judicial decision making, best practice protocols across disciplines including therapeutic courts, identification of mutual data and information needs across systems.
<i>Working with the Community and Supporting Families</i>		The new Model of Preferred Practice for Collaborative Casework will include the ideal continuum of services and identify community resources to support families throughout the case and including aftercare, lifelong recovery, and post CW case closure.		Develop a community development plan that organizes and supports mentor community relationships including the recovering community, consumers and families.